

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/08/2014
FORM APPROVED
OMB NO. 0938-0391

45th 6114114

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/30/2014
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 156 SS=E	<p>During the annual recertification survey and complaint investigation #33720 and #33382 conducted on April 28-30, 2014, at The Health Center at Standifer Place, no deficiencies were cited in relation to the complaints under 42 CFR Part 483.13, Requirements for Long Term Care, 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or</p>	F 156	<p><u>Tag: F156</u></p> <ol style="list-style-type: none"> 1. Unable to correct 100th Day letter for Resident #169 who had exhausted all 100 days of Medicare. 4-29-14 2. The Director of the Business Office and Director of Social services will review our census to identify residents with the potential to be affected by this deficient practice. The Business Office and Social Services staff will be in-serviced by their directors on their responsibilities to providing timely notification to beneficiaries of a termination of covered services or changes in services. 5-16-14 3. Facility will regularly identify all residents approaching the 100th day or a change in their services. Facility will then issue a timely notification of the upcoming change. 4-29-14 & Ongoing 4. The facility will conduct a Quality Assurance/Improvement study related to the timeliness of these notifications regarding the exhaustion or change in covered services. The study will be conducted by the Director of the 6-14-14 & Ongoing as needed 		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 156	<p>Continued From page 1</p> <p>at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the</p>	F 156	<p>Business Office and the Director of Social Services and will be reported to the QA/I committee following the end of the quarter. The QA/I committee is composed of Administrators, Medical Director, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dietician, Rehab Director, Food Service Director, Falls Prevention Nurse/Coordinator, Housekeeping Director, Central Supply Director, Laundry Director, Bookkeeping Director and other staff invited to observe and participate.</p>		

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F 156	<p>Continued From page 2</p> <p>physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility termination of services notifications and interview, the facility failed to provide timely notification to beneficiaries of the decision to terminate covered services no later than two days before the proposed end of services for one resident (#105) and failed to notify of change in services for one resident (#169) of three residents reviewed for notification of services.</p> <p>The findings included:</p> <p>Review of the facility termination of services notification for resident #105 dated March 3, 2014, revealed, "...On 3/3/14, our Utilization Review Committee reviewed (resident #105's) medical information and found the services furnished to (resident #105) no longer qualified for payment by Medicare beginning on 3/4/14..."</p> <p>Review of the facility termination of services notification for resident #169 dated February 1, 2014, revealed, "...This letter is to notify you that on 01/31/14 (resident #169) exhausted all 100 days of (the resident's) Medicare coverage. As a</p>	F 156			

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F 156	Continued From page 3 result, Medicare will no longer pay for (resident #169) continued stay after this date..."	F 156			
F 160 SS=D	Interview with the Administrator of Daily Operations on April 30, 2014, at 3:45 p.m., in the conference room, confirmed the facility failed to provide notification of the decision to terminate services under Medicare prior to termination of services for resident #105 and resident #169. 483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. This REQUIREMENT is not met as evidenced by: Based on review of Expired Patient Report, review of Patient Trust Fund Statements, and interview, the facility failed to return deceased residents' personal funds to their families and provide final accounting of deceased residents' personal funds from their Resident Trust Fund Accounts for seven residents (#190, #67, #182, #267, and #18) of thirty-five deceased residents reviewed. The findings included: Review of the Patient Trust Fund Statement, showing balances as of March 31, 2014, and the facility Expired Patient Report dated April 30, 2014, revealed residents #190, #67, #182, #267,	F 160	<u>Tag: F160</u> 1. Refunds were Issued for Resident #190, 67, 182, 267, and 18. 2. Facility has review patient trust in its entirety to identify any other residents who may have been affected by this practice. All identified residents were refunded. 3. The Business Office will review deceased residents on a weekly basis to identify residents who have expired and will convey the funds within 30 days. 4. The Director of the Business Office will conduct an In-Service with Bookkeeping personnel regarding identification of deceased residents and timely conveyance of their Patient Trust balance. The facility will conduct a Quality Assurance/Improvement study related to the timely conveyance of deceased residents' Patient Trust balances. The study will be conducted by the Director of the Business Office and the Director of Social Services and will be reported to the QA/I committee	4-29-14 4-30-14 4-30-14 & Ongoing 6-14-14	

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F 160	Continued From page 4 and #18 had expired and the facility was carrying resident fund balances for these residents in the Resident Trust Fund account as follows: 1. Resident #190 expired March 29, 2014, and had a balance of \$262.49. 2. Resident #67 expired March 27, 2014, and had a balance of \$759.65. 3. Resident #182 expired March 14, 2014, and had a balance of \$247.68. 4. Resident #267 expired March 25, 2014, and had a balance of \$38.74. 5. Resident #18 expired March 11, 2014, and had a balance of \$1239.39. Interview with the Business Office Manager and review of the current balances in the Trust Fund Accounts on April 30, 2014, at 2:30 p.m., in the business office, confirmed the balances in the accounts of residents #190, #67, #182, #267, and #18 had not changed from the March 31, 2014, statement and all 5 residents still had monies in the account. Continued interview confirmed the proceeds of the deceased residents' Trust Fund accounts, managed by the facility, had not been returned to the residents' families or to the probate officers for their estates, within the thirty day time requirement.	F 160	following the end of the quarter. The QA/I committee is composed of Administrators, Medical Director, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dietician, Rehab Director, Food Service Director, Falls Prevention Nurse/Coordinator, Housekeeping Director, Central Supply Director, Laundry Director, Bookkeeping Director and other staff invited to observe and participate.		
F 372 SS=D	483.35(l)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility	F 372	<u>Tag: F372</u> 1. No residents were directly affected by the deficient practice. 2. No other residents had the potential to be affected by the deficient practice. The Food and Nutrition Department and Housekeeping Department will prevent any patient from being affected by this deficient practice by re-training departmental staff.	4-30-14 4-30-14	

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F 372	<p>Continued From page 5</p> <p>failed to maintain the Dalton Towers garbage storage area in a clean manner, free of debris, for one of two kitchen dumpster areas reviewed.</p> <p>The findings included:</p> <p>Observation with the Certified Dietary Manager (CDM) #1, on April 28, 2014, at 10:50 a.m., at the Dalton Towers dumpster site, revealed multiple used vinyl gloves and other refuse strewn on the ground from the building exit to the dumpster area.</p> <p>Interview with CDM #1, on April 28, 2014, at 10:52 a.m., confirmed the dumpster area was not clean.</p>	F 372	<p>3. Staff in the Food and Nutrition Department and Housekeeping Department will be re-trained on the correct processes for keeping the exterior dumpster area clean and free of garbage.</p> <p>4. The Food and Nutrition Managers/Supervisors and Housekeeping Managers will spot audit the areas for sanitary compliance.</p>	<p>5-30-14</p> <p>5-30-14 & Ongoing</p>	